

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 10

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

XLHEALTH CORPORATION PAC (XLHEALTH PAC)

A.

Full Name (Last, First, Middle Initial)

Andrea Hershey

Mailing Address 351 West Camden Street, Suite 100

City

Baltimore

State

MD

Zip Code

21201

FEC ID number of contributing
federal political committee.

C

Name of Employer
XLHealth Corp

Occupation

VP, Pharmacy Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.66

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.4224

Amount of Each Receipt this Period

133.33

payroll deduction - \$133.-
33/month

B.

Full Name (Last, First, Middle Initial)

John Mach

Mailing Address 351 West Camden Street, Suite 100

City

Baltimore

State

MD

Zip Code

21201

FEC ID number of contributing
federal political committee.

C

Name of Employer
XLHealth

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.4220

Amount of Each Receipt this Period

300.00

payroll deduction - \$300/-
month

C.

Full Name (Last, First, Middle Initial)

Jim Murphy

Mailing Address 351 West Camden Street, Suite 100

City

Baltimore

State

MD

Zip Code

21201

FEC ID number of contributing
federal political committee.

C

Name of Employer
XLHealth Corp

Occupation

Sr. Marketing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.4227

Amount of Each Receipt this Period

125.00

payroll deduction - \$125/-
month

SUBTOTAL of Receipts This Page (optional)

558.33

TOTAL This Period (last page this line number only)